

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020224

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2733

DO NOT WRITE
ON THIS SUB

AMENDED

FILED MAY 29 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 60 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10524 WORNALL ROAD		d. STREET ADDRESS (If outside, give location) 10524 WORNALL ROAD	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WALTER Middle HUGH Last MILLER			4. DATE OF DEATH Month MAY Day 9 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/22/1892	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSESSOR	10b. KIND OF BUSINESS OR INDUSTRY JACKSON COUNTY MO.	11. BIRTHPLACE (City and state or country) SLATER, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN MILLER	13b. MOTHER'S MAIDEN NAME IDA HOOVER	14. NAME OF HUSBAND OR WIFE DAISY V. MILLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT MRS. JOANN FARRIS, 11430 WALNUT, K.C. MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured abdominal aortic aneurysm		INTERVAL BETWEEN ONSET AND DEATH 30 min
DUE TO (b) Arterio sclerosis		5 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY. Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Jan 1954 to May 9 1963 and last saw her alive on May 8, 1963
Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Malton C. Ingham	(Degree or title) Sm.	22b. ADDRESS 4320 Wornall Rd. K.C., Mo.	22c. DATE SIGNED 5-10-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 11 1963	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) SLATER MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CANYON KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 5-10-63	26. REGISTRAR'S SIGNATURE Keith Long
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Malton C. Ingham Medical Certification

Dr. Hallon C. Ferguson
Avenue 7120. 4320 Hammond Road
1130. 5.00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Erling M. Tunge

Licensed Embalmer No. 2566

P. O. Address. K. E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.